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SERIAL NUMBER 10/020,044	FILING OR 371(c) DATE 12/13/2001 RULE	CLASS 514	GROUP ART UNIT 1623	ATTORNEY DOCKET NO. 7594-84879
<b>APPLICANTS</b> Latifa Dahricorreia, Saint Amand les Eaux, FRANCE; Jacqueline Jozefonvicz, Lamorlaye, FRANCE; Marcel Jozefowicz, Lamorlaye, FRANCE; Jose Correia, Saint Amand les Eaux, FRANCE; Remi Huynh, Saint Amand les Eaux, FRANCE;				
<b>** CONTINUING DATA *****</b> This application is a CON of PCT/FR00/01658 06/15/2000				
<b>** FOREIGN APPLICATIONS *****</b> FRANCE 99 07636 06/16/1999				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 03/21/2002				
Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FRANCE	SHEETS DRAWING 3	TOTAL CLAIMS 21
Verified and Acknowledged Examiner's Signature	Initials	INDEPENDENT CLAIMS 3		
<b>ADDRESS</b> 24628				
<b>TITLE</b> PHARMACEUTICAL COMPOSITIONS WITH WOUND HEALING OR ANTI-COMPLEMENTARY ACTIVITY COMPRISING A DEXTRAN DERIVATIVE				
FILING FEE RECEIVED 771	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		